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| | TRANSMITTAL FORM | | Application Number | 10/585,902 |
| | | | Filing Date | 3/29/2007 |
| | | | First Named Inventor | Karen Rita Crawford |
| | | | Art Unit | 3754 |
| | | | Examiner Name | Not Yet Assigned |
| Number of Pages in This Submission | | | Attorney Docket Number | 0470 - 061793 |

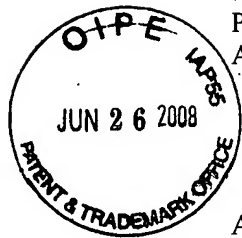
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| Remarks | | |

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|--|--------------------|----------|--------|
| Firm Name | The Webb Law Firm | | |
| Signature | | | |
| Printed Name | William H. Logsdon | | |
| Date | June 24, 2008 | Reg. No. | 22,132 |

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| Typed or printed name | Christine A. Canavan | Date | June 24, 2008 |

Application No. 10/585,902
Paper Dated: June 24, 2008
Attorney Docket No. 0470-061793



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/585,902 Confirmation No. 4065
Applicant : KAREN RITA CRAWFORD, et al.
Filed : March 29, 2007
Title : PACKAGING FOR PULVERULENT MATERIAL
Group Art Unit : 3781
Examiner : Not Yet Assigned
Customer No. : 28289

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the requirements of 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicants hereby submit this Supplemental Information Disclosure Statement, which includes a completed Form PTO/SB/08a and one copy of each non-U.S. reference listed thereon.

French Patent Application Publication No. 2800717, listed on Form PTO/SB/08a is accompanied by an English-language abstract and is relevant for the reasons

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Date

Christine A. Canavan
Signature

Christine A. Canavan
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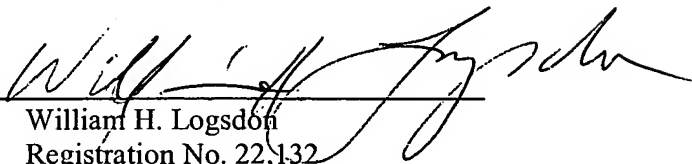
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stated therein. European Patent Application Publication No. 0442433 and European Patent Application Publication No. 0517963, listed on Form PTO/SB/8a, are relevant for the reasons stated therein.

Pursuant to 37 C.F.R. § 1.97(b)(3), no fee is due for the submission of this Information Disclosure Statement, which is being filed before the mailing of a first Office Action on the merits. However, the Commissioner for Patents is hereby authorized to charge any additional fees which may be required to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.

Respectfully submitted,

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By 

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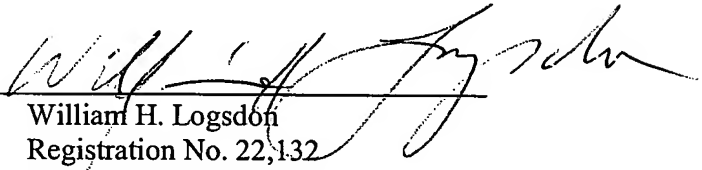
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